Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

19720478

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                          |                                                                                                                                                                                 |                                           |               |                                    |             |                  |        | SMALL EI      | NTITY                                            | OTHER THAN OR SMALL ENTITY |                     |                        |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|------------------------------------|-------------|------------------|--------|---------------|--------------------------------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS                                                             |                                                                                                                                                                                 |                                           | C C           |                                    | (COIG       |                  | ſ      | RATE          | FEE                                              | Un<br><b>1</b>             | RATE                | FEE                    |
|                                                                          |                                                                                                                                                                                 |                                           | 4             |                                    |             |                  | ł      |               | <del>                                     </del> | -                          |                     |                        |
| FOR                                                                      |                                                                                                                                                                                 |                                           | NUMBER FILED  |                                    | NUMB        | ER EXTRA         | ŀ      | BASIC FEE     | 385.00                                           | OR                         | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                                                                                                                                                 |                                           | 9 minus 20= * |                                    |             | )                |        | X\$ 9=        |                                                  | OR                         | X\$18=              |                        |
| INDEPENDENT CLAIMS                                                       |                                                                                                                                                                                 |                                           | ( minus 3 = * |                                    |             |                  |        | X43=          |                                                  | OR                         | X86=                |                        |
| MU                                                                       | ILTIPLE DEPEN                                                                                                                                                                   | NDENT CLAIM PI                            | RESENT        |                                    |             |                  |        | +145=         |                                                  | OR                         | +290=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                                                                                                                 |                                           |               |                                    |             | olumn 2          | •      | TOTAL         |                                                  | OR                         | TOTAL               | 779                    |
| CLAIMS AS AMENDED - PART II                                              |                                                                                                                                                                                 |                                           |               |                                    |             |                  |        | OTHER THAN    |                                                  |                            |                     |                        |
|                                                                          |                                                                                                                                                                                 | (Column 1)                                |               | (Column                            |             | (Column 3)       | _      | SMALL         |                                                  | OR                         | SMALL               |                        |
| AMENDMENT A                                                              |                                                                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGHE<br>NUMB<br>PREVIOL<br>PAID F | IER<br>USLY | PRESENT<br>EXTRA |        | RATE          | ADDI-<br>TIONAL<br>FEE                           |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                           | *                                         | Minus         | **                                 |             | =                |        | X\$ 9=        |                                                  | OR                         | X\$18=              |                        |
|                                                                          | Independent                                                                                                                                                                     | <u> </u> *                                | Minus         | ***                                | 2: 2124     | =                |        | X43=          |                                                  | OR                         | X86=                |                        |
|                                                                          | FIRST PRESE                                                                                                                                                                     | NTATION OF MU                             | JLTIPLE DEF   | ENDEN                              | CLAIM       |                  | Ī      | +145=         |                                                  | OR                         | +290=               |                        |
|                                                                          |                                                                                                                                                                                 |                                           |               |                                    |             |                  |        | TOTAL         |                                                  | OR                         | TOTAL<br>ADDIT. FEE |                        |
|                                                                          |                                                                                                                                                                                 | μ                                         | ADDIT. FEE    |                                    | ] -         | ADDII. FEE I     |        |               |                                                  |                            |                     |                        |
| _                                                                        |                                                                                                                                                                                 | (Column 1) CLAIMS                         |               | (Colum                             | ST          | (Column 3)       | Г      |               | ADDI-                                            |                            |                     | ADDI-                  |
| AMENDMENT B                                                              |                                                                                                                                                                                 | REMAINING<br>AFTER<br>AMENDMENT           |               | PREVIOUS PAID F                    | USLY        | PRESENT<br>EXTRA |        | RATE          | TIONAL<br>FEE                                    |                            | RATE                | TIONAL<br>FEE          |
| NDW                                                                      | Total                                                                                                                                                                           | *                                         | Minus         | **                                 |             | =                |        | X\$ 9=        |                                                  | OR                         | X\$18=              |                        |
| \ME                                                                      | Independent                                                                                                                                                                     | *                                         | Minus         | ***                                |             | =                |        | X43=          |                                                  | OR                         | X86=                |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                  |                                           |               |                                    |             |                  |        | +145=         |                                                  |                            | +290=               |                        |
|                                                                          |                                                                                                                                                                                 |                                           |               |                                    |             |                  |        | TOTAL         |                                                  | OR                         |                     |                        |
|                                                                          | •                                                                                                                                                                               |                                           |               | A                                  | DDIT. FEE   |                  | OR     | ADDIT. FEE    |                                                  |                            |                     |                        |
| -                                                                        |                                                                                                                                                                                 | (Column 1)<br>CLAIMS                      |               | (Colum                             |             | (Column 3)       |        |               |                                                  |                            |                     |                        |
| AMENDMENT C                                                              |                                                                                                                                                                                 | REMAINING<br>AFTER<br>AMENDMENT           | :             | NUMBI<br>PREVIOL<br>PAID F         | ER<br>USLY  | PRESENT<br>EXTRA |        | RATE          | ADDI-<br>TIONAL<br>FEE                           | ·                          | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                           | *                                         | Minus         | **                                 |             | =                |        | X\$ 9=        |                                                  | OR                         | X\$18=              | :                      |
|                                                                          | Independent                                                                                                                                                                     | *                                         | Minus         | ***                                |             | =                | T      | X43=          |                                                  | OR                         | X86=                |                        |
| 7                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                  |                                           |               |                                    |             |                  |        | +145=         |                                                  |                            |                     |                        |
| * 1                                                                      | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                           |                                           |               |                                    |             |                  |        |               |                                                  | OR                         | +290=               |                        |
| ** !                                                                     | **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                           |               |                                    |             |                  |        |               |                                                  | OR                         | TOTAL<br>ADDIT. FEE |                        |
|                                                                          |                                                                                                                                                                                 | nber Pr viously Paid                      |               |                                    |             |                  | r four | nd in the app | ropriate box                                     | in col                     | umn 1.              |                        |